



COUNTY OF LOS ANGELES
DEPT. OF HEALTH SERVICES
PUBLIC HEALTH
Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone)
213- 482-4856 (facsimile)



RELEASE OF CHRONIC TYPHOID CARRIER

Name of patient:

Age:

Date of birth:

Address (Number, Street):

Census Tract / District:

INSTRUCTIONS: When complete, send one copy to Acute Communicable Disease Control, Los Angeles County Department of Health

Please forward to the State Department of Public Health the following culture reports
with a request that the patient may be released from carrier status.

| SPECIMEN NUMBER | DATE SPECIMENS TAKEN | RESULT OF URINE EXAMINATION | RESULT OF STOOL EXAMINATION | METHOD AUTHENTICATED | REMARKS AND DATES (e.g., cholecystectomy, antibiotic therapy, etc.) |
|--------------------|-------------------------|--------------------------------|--------------------------------|-------------------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

DATE:

DISTRICT HEALTH OFFICER'S SIGNATURE:

DISTRICT:

RELEASE OF CHRONIC TYPHOID CARRIER

Acute Communicable Disease Control
LA County Dept. of Health Services
Public Health
"acd-typhoid carrier release, rev. 7/02"

PATIENT'S NAME:

(LAST)

(FIRST)

RECORD NUMBER: